



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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BOARD OF GEOLOGISTS

VERIFICATION OF LICENSURE REQUEST

The applicant listed below has applied for licensure in the State of Delaware. We ask your cooperation by providing our Board with the following information.

TO BE COMPLETED BY APPLICANT APPLYING FOR A DELAWARE LICENSE:

Name: _____

Address: _____

City/State/Zip: _____

Social Security number: _____

License number: _____

If ASBOG exam was taken, in what state was each part taken and in what year?

State: _____ Year: _____

State: _____ Year: _____

TO BE COMPLETED BY APPLICANT'S STATE BOARD OF GEOLOGISTS:

Please verify the licensure status and ASBOG exam scores of the above-named professional geologist in your state by providing the Delaware Board of Geologists with the following information.

License/Registration number: _____ Active () Inactive ()

Date Issued: _____ Expiration Date: _____

ASBOG Examination Scores:

Fundamentals of Geology: _____ Date Taken: _____

Practice of Geology: _____ Date Taken: _____

Has his/her license ever been surrendered, suspended, or revoked? Yes () No ()

Has your Board taken disciplinary action against the applicant? Yes () No ()

(If you answered yes to either of these questions, please give details on the reverse side.)

The Board of _____ of the State of _____ certifies that the above information is correct.

Signature: _____

(Board Seal)

Title: _____

Date: _____

Please return this completed form to the address above.